

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>lung</i>		6/14/00
O.I.P.E. CLASSIFIER		823 10	6-20-00
FORMALITY REVIEW	<i>ll</i>		8/2/00
RESPONSE FORMALITY REVIEW	A-M	5C 580	11-16-00

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final Original	
1	11/14/04
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	0
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21	0
22	✓
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26	✓
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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